

JUN. 6. 2005 9:32AM

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| To: | Primary Examiner Hai Tran Unit 2811, PTO | From: | L. Friedman |
| Fax: | 703-872-9308 | Pages: | 2 |
| Phone: | | Date: | 6/6/05 |
| Re: | Ser. No. 09/515,118 Docket No. 7251/78748 | CC: | |
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Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

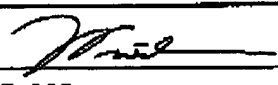
| | |
|----------------------------|-----------|
| In re Application of: | |
| Wachtfogel et al. | |
| Application No. | |
| 09/515,118 | |
| Filed: | |
| 24 FEB 2000 | |
| Title: | |
| Advanced Television System | |
| Attorney Docket No. | Art Unit: |
| 7251/78746 | 2611 |

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

| Name | Registration Number |
|-----------------|---------------------|
| Sanford T. Colb | 26,856 |
| David Zviel | 41,392 |

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record

| | | | |
|---------------------|---|-----------|--------------|
| Name | L. Friedman | | |
| Signature |  | Date | 6 June 2005 |
| Registration Number | 37,135 | Telephone | 312-655-1500 |

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

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